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ABSTRACT

A study was conducted at Humber College to investigate the attitudes of college-prepared diploma nursing students towards psychiatric nursing. Specifically, the study sought to determine the effect of psychiatric nursing role models on student attitudes, and whether a relationship existed between clinical placement and student attitudes. The study sample consisted of 38 diploma students entering the psychiatric nursing course at Humber College, including 21 assigned to psychiatric units in two community hospitals and 17 placed in a large mental health center in Ontario. The majority of the students (89%) had no previous exposure to nursing, and 56% had previous contact with mentally ill persons. Most of the students (77%) were under 32 years of age. The Attitude Toward Psychiatric Nursing Scale was given to the students at the beginning and end of the course, and the Environmental Rating Scale administered when the clinical experience was completed. Student attitudes were more positive toward the staff at the mental health center than toward the staff at the community hospitals. On the pretest, those students placed in the mental health center held a more positive attitude than students in the community hospitals, though after the psychiatric nursing course the groups in the community hospitals had a more positive change in their attitudes than those in the larger center. The most positive attitude changes at the community hospitals concerned milieu therapy, psychotherapist orientation, and the community mental health model. The more negative changes for the larger mental health center concerned the medical model, psychotherapist orientation, and the community health model. There were no significant differences in the student groups' responses to the Environmental Rating Scale. Study results supported an increased emphasis on the role of intervention in nursing. Contains 27 references. (ECC)

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DIPLOMA NURSING STUDENTS ATTITUDES TOWARD PSYCHIATRIC NURSING, ROLE MODELS AND CLINICAL PLACEMENT

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DIPLOMA NURSING STUDENTS

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The objective of the study was to investigate the attitudes of college-prepared diploma nursing students toward Psychiatric nursing. Numerous studies have been reported that focus on the attitudes of baccalaureate and master's students as well as graduate nurses toward psychiatric nursing (Creech, 1977; Lewis, 1966; Slimmer, 1990). However, there is a dearth of literature, especially in Canada, on the same subject particularly as it relates to college nursing programs.

The purpose of this correlational study was to answer two questions: 1) do psychiatric role models effect student attitudes? and 2) is there a relationship between clinical placement and student attitudes?

The conceptual framework was derived from literature on attitudes and learning. Klausmeier and Goodwins (1975) concept of attitude learning theory constitutes the basic components of the framework.

The sample of convenience included 38 second year diploma students. Twenty-one (21) were assigned equally to a psychiatric unit in 2 community hospitals, while seventeen (17) students were placed in a large mental health centre, in Ontario.

Students in each of the agencies were required to complete the pre- and post-test Attitude Toward Psychiatric Nursing Scale (Slimmer, 1990) and the Environmental Rating Scale (Slimmer, 1990).

Means and standard deviations as well as a t test were calculated on the pre- and post-tests of the APN scale. The results of the APN scales and the ERS were compared using Pearson's r.

The findings indicated that nursing role models had a significant effect on the attitudes of the students; and clinical placement influenced attitude change. Implications for a community-oriented curriculum were clearly suggestive.

Diploma Nursing Students Attitudes Toward Psychiatric Nursing, Role Models and Clinical Placement

Elizabeth Holder

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INTRODUCTION

Since 1989 the nursing profession in Canada, as with the rest of the world, has been greatly affected by the global recession. Hospitals have been, and are continuing to reduce bed capacity at an alarming rate; as a consequence, nurses are either not being hired in large numbers or are losing their jobs. More specifically, in Ontario, the Regulated Health Professions Act (RHPA) is under revision with the emphasis being on a shift to more "client involvement, health promotion and community based services ... ." (1993, College of Nurses of Ontario). This fiscally governed Act will require all nurses to refocus their skills on community nursing. No less effected will be the curriculum of the community college nursing program. The entire curriculum will be revised to reflect wellness, prevention, and early detection, and this includes mental health nursing.

INTRODUCTION

The diminishing job market in nursing is affecting registered nurses and new graduates alike, yet the economic climate presents a paradox in that there are increasing applications to enter the nursing profession. It has been well documented in the United States that only 13.2% of graduating nursing students had chosen mental health nursing as a career specialty (1986, de Tornyay). In Canada, there are no specific statistics available; however, at one Ontario College since 1989, there have been 4 pregraduate students out of over 400 students who have chosen psychiatric nursing in their final semester of the program. The reasons for this reduction are both complex as well as multifactorial and embrace questions concerning student attitudes toward psychiatric patients and nursing, faculty and psychiatric nurse role models, psychiatric courses in the curriculum, and, clinical experience.

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During the 1960's and 1970's, a number of studies investigated student attitudes toward psychiatric clients (Gelford and Ulman 1961; Lewis and Cleveland 1966; Meltzer and Grigorian 1972). The results indicated that that there was a relationship between nursing students' attitudes and courses in psychiatric nursing. During this early period, an interpersonal theory as the causative factor in mental illness became evident. This was reflected in the curriculum of nursing schools. By the 1980's, this theory was replaced by a biological theory for mental illness as noted by Binder, Mcneil, and Fishman (1985). Once again, the nursing curriculum changed its focus.

The influence of faculty and psychiatric nurses as role models has been documented in various studies. Benoliel (1983) noted that the values and beliefs held by nursing faculty impacts on the "... student-teacher relationship." Fundamentally, faculty beliefs strongly

affect the formation of congruent student attitudes. In a qualitative study of student attitudes toward psychiatric patients Jarvie (1988) indicated that "The behavior and attitudes of the nursing staff had a definite impact on student attitudes ... [they] disapproved of the staff's actions and saw them as models of what not to do." Slimmer, Wendt and Martinkus (1991) have developed attitude-testing scales which assess student attitudes toward psychiatric nursing. Within these scales are items which give information on how students view staff as being conducive to their learning, as role models as well as their professional competency.

Applicants entering a nursing program do so with attitudes, beliefs, and values that have greatly influenced their behavior. They are asked constantly throughout the program to examine these tenets, and if they interfere with client care, to abandon them. Faculty have had a tendency to ask that the past not intervene in the

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learning process. Currently, as Pitts (1985) notes, the principles of adult learning are challenging this view in that they support the notion that students actively build on their past learning experience throughout the learning process. Nevertheless, vestiges of the old type of thinking may still be seen. This becomes apparent when students are placed in a clinical rotation. The world of general medical-surgical nursing is astounding to students - indeed, reality shock becomes quite apparent. On the other hand, psychiatric nursing presents a different picture. As Robinson (1986) succinctly states "It is hard to understand psychodynamics when one is essentially naive and has limited and disjointed time in the clinical rotation. Some students have never seen a patient with a psychiatric diagnosis."

It is well known that the environment in which learning takes place can have a positive or negative effect on nursing students'

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attitudes (Gelford & Ulman, 1961; Lewis & Cleveland, 1966; Slimmer et al, 1990). The majority of these studies took place in large institutions. However, the research done by Slimmer et al (1990) included the smaller community hospitals; and demonstrated that there was a more positive change in attitude in the community hospitals than in the large Veterans Administration hospital.

The movement toward community nursing is gaining momentum in Ontario and since there are: (a) few pregraduate students choosing psychiatric nursing as a specialty option, (b) no studies done on the attitudes of college-prepared students toward psychiatric nursing either in hospitals or the community, the purpose of this present research was to answer two questions:

1. Do psychiatric nurse role models effect student attitudes?

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2. Is there a relationship between clinical placement and student attitudes?

The conceptual framework used for this study was attitude learning theory. In particular, the theories proposed by Klausmeier and Goodwin (1975) and Herek (1986) which postulate that attitudes are influenced by persons, objects and events in the total environment. The value to the student lies in the perceived benefits to be derived. Thus, role modeling and clinical placement should have a large impact on student attitudes.

METHODOLOGY

The study design was quasiexperimental in nature and used a pretest-posttest format. Clinical placement site was the independent variable and the dependent variables were attitudes toward psychiatric nursing and attitudes toward psychiatric nurses

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as role models. The sample of convenience included 38 diploma students **entering** the psychiatric nursing course in a Canadian community college. All of the students involved in the study were randomly assigned to either a large, mental health care facility or to 2 smaller community hospitals with psychiatric units. Seventeen (n = 17) students were placed on 2 units of the large (approximately 500 beds) health care facility and 21 students were divided (n = 11 each) among the small (approximate bed size = 22 each). The community hospitals were devoted, primarily, to clients requiring crisis intervention while the larger centre had both acute and chronic care facilities.

The students were in the second year of the three year diploma nursing program. The psychiatric nursing course consisted of 46 hours of theory and 96 hours of clinical experience. The teaching professors were prepared at either the masters or doctoral

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level and together had a considerable number of years experience in both the clinical and teaching areas.

The two instruments used to collect data were an Environmental Rating Scale (ERS) and an Attitude Toward Psychiatric Nursing Scale (APN). As reported by Slimmer et al (1990) both instruments were tested for validity and reliability. Through the process of Rosch analysis (Wright & Masters, 1982) the reliability of the ERS for item and person separation were .97 and .95 respectively, while the APN had a reliability of .60.

The APN scale had 32 items divided into 4 categories: questions which reflected a medical treatment model; melieu therapy stressing the therapeutic manipulation of the environment; the psychotherapist concept in which the therapist and client work together to define client problems, and a community mental health

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model wherein the emphasis is on the prevention and treatment of psychosocial disorders in the community at large.

The ERS had 45 items which were categorized into 5 areas: physical environment, relationship environment (client and staff relationships), personal development environment (the support by staff of client independence and problem resolution), system maintenance environment (the therapeutics of the environmental structure and organization), and the learning environment. A Likert-type scale was used for both questionnaires, wherein 1 = disagree, 2 = partly disagree, 3 = partly agree and 4 = agree.

The demographic information collected from the students included items relating to status in the program, i.e., diploma student with or without a Registered Nursing Assistant certificate, previous contact with mentally ill individuals, nursing experience with mentally

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ill clients, and the age range of the respondent.

Four professors teaching theory and clinical practice administered the APN pretest to the students **prior** to their receiving the theory content or the practice exposure. On the final day of their clinical experience, the students completed the APN post-test as well as the ERS. Confidentiality and anonymity were assured for all questionnaires throughout the coding process.

DATA ANALYSIS

The means, standard deviations and the results of the t-tests were calculated for the APN pre and post-tests and the ERS. A Pearson Product Moment Correlation was used to determine if there was a relationship between the environment (ERS) and attitudinal change on the APN pre and post test. All questions on the ERS that

DATA ANALYSIS

related to staff as role models (a derived category) were also analyzed.

RESULTS

Table 1 reflects student responses to the first research question concerning clinical staff as role models.

TABLE 1

EFFECT OF ROLE MODELS ON ATTITUDES
(ACCORDING TO CLINICAL PLACEMENT)

CLINICAL AGENCY	n	MEAN	SD	t-test	df	p
MENTAL HEALTH CENTRE	17	51.33	7.8	2.84	36	.0073
COMMUNTIY HOSPITALS	21	44.52	6.8	2.80	32	.0085

Source: ERS ITEMS RELATING TO STAFF

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RESULTS

There was a significant difference between the attitudes related to staff of the students at the community hospitals and those at the larger mental health centre ($p < .001$). The attitudes of students placed in the mental health centre were more positive than than those placed in the community hospitals.

The pre and post test results for the APN scale are presented in Table 2.

TABLE 2

DIFFERENCE BETWEEN MEANS OF THE APN PRE AND POST TESTS

CLINICAL AGENCY	MEANS				DIFFERENCE
	MEDICAL MODEL	MELIEU THERAPY	PSYCHOTHERAPIST ORIENTATION	COMMUNITY MENTAL HEALTH MODEL	
MENTAL HEATLH CENTRE					
PRETEST	25.3	23.0	25.4	24.7	
POST-TEST (n = 17)	24.5	23.7	24.8	23.2	-2.2
COMMUNITY HOSPITALS					
PRETEST	23.0	21.9	22.9	23.3	
POST-TEST (n = 21)	22.0	24.5	24.0	24.3	+3.7

RESULTS (cont'd)

On the pretest, those students placed in the mental health centre were more in favour of all the items on the scale than were the students placed in the community hospitals showing overall, a much more positive attitude. After the psychiatric nursing course (both theory and clinical experience), the post-test responses indicated that the groups in the community hospitals had a **more positive** change in their attitudes toward psychiatric nursing than those placed in the larger centre. If the total difference is calculated then the difference between means was +1.5. The most positive change in attitude at the community hospitals occurred in the items which concerned melieu therapy, psychotherapist orientation and on community mental health model. The more negative changes for the larger mental health centre were found in the items covering the medical model, psychotherapist orientation and on community mental health model.

RESULTS

The results of the ERS assessment are detailed in Table 3.

TABLE 3

MEANS, STANDARD DEVIATIONS AND t-TEST RESULTS
FOR ENVIRONMENTAL RATING SCALE

ERS CATEGORY	GROUP	MENTAL HEALTH CENTRE MEAN	MENTAL HEALTH CENTRE SD	COMMUNITY HOSPITALS MEAN	COMMUNITY HOSPITALS SD	t-TEST	P
PHYSICAL ENVIRONMENT	A			28.2	3.4	6.9(df30)	.000
	B	19.2	4.3			7.0(df36)	.000
RELATIONSHIP ENVIRONMENT	A			25.5	4.8	2.3(df32)	.022
	B	21.4	5.5			2.4(df36)	.020
PERSONAL DEVELOPMENT ENVIRONMENT	A			36.7	5.1	1.7(df35)	.094
	B	33.9	4.8			1.7(df36)	.096
SYSTEM MAINTENANCE ENVIRONMENT	A			23.7	2.9	4.1(df30)	.000
	B	19.1	3.7			4.2(df36)	.000
LEARNING ENVIRONMENT	A			21.0	4.2	1.8(df34)	.075
	B	18.9	2.7			1.7(df36)	.088

GROUP A = COMMUNITY HOSPITALS
GROUP B = MENTAL HEALTH CENTRE

RESULTS

There was no significant difference in the groups on three categories of the ERS. The most significant, positive responses for the students in the hospitals and mental health centre were in the categories of Physical Environment ($p < .001$) and System Maintenance Environment ($p < .001$).

When the Pearson Product Moment Correlation was calculated on the ERS it appeared that the perception of the clinical environment was significantly associated with the relationship environment and the melieu therapy category of psychiatric nursing ($p < .05$). This relationship occurred only with the groups in the community hospitals. The remaining categories for both the ERS and APN (post-test) were not significantly related.

RESULTS

The demographic picture revealed that the majority of the students had no previous exposure to nursing (89%) and (56%) had previous contact with mentally ill persons. Eighty-two percent had not nursed mentally ill persons. Most of the students were 31 years of age or under (77%).

DISCUSSION

The results of this study provided some indication that nursing role models had a significant effect on the attitudes of the students. A surprising result was that the group of students placed in the mental health centre were more positive in their attitude toward staff than those in the community hospitals. This effect may have been due to half the students having experienced a close 1 to 1 relationship with the nurses and the therapeutic groups in the communtiy settings in other words, half the students were sent out

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to satelite clinics. Additionally, students were encouraged, by staffin the clinics, to participate not only in the groups but also in client assessment. This finding is consistent with attitude learning theory which considers that the observation of role models influences attitudes and behaviours in either a positive or negative direction (Bandura, 1969, Klausmeir & Goodwin, 1975, Herek, 1986).

The results of the APN post-test indicate that neither the theory taught nor the placement experience seem to significantly affect the students' perception of the medical model. One possible explanation for this situation could be that the first year of the program was heavily weighted in favour of the somatic model with its attendant emphasis on task-oriented behaviours.

Overall, when compared to the mental health centre, the groups in the community hospitals changed their attitudes toward

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psychiatric nursing in a more positive direction. Students in the community hospitals may have been influenced by a number of factors such as: small, comfortable rooms conducive to interviews; reduced number of clients; close contact with interdisciplinary personnel acting as psychotherapists, and discharge planning that emphasized returning the clients to their familiar lodgings and/or families. An additional factor could have been that the community hospitals, for the most part, admit acutely disturbed clients rather than those with chronic disorders.

Analysis of the students' attitudes in the clinical environment demonstrated that the physical environment and the therapeutics of the environmental structure and organization were more positively perceived by the community groups than by the groups of students placed in the mental health centre. This perception was reinforced by the reported results of the attidude toward psychiatric nursing

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following the course, and hence, subject to the same previously stated reasons.

The APN (post-test) and ERS were further analyzed for correlations and revealed that therapeutic manipulation of the unit environment (APN) and client/staff relationships (ERS) were significantly related for the community hospital groups. Students in the larger centre did not perceive any of the ERS or APN categories as particularly influential. This latter finding may be due to the decreased staffing at the centre, stringent fiscal restraints, chronicity of the clients, staff "burn-out", and the real or perceived deficiencies in the current Mental Health Act (1987). This perspective would seem to support Keane's conclusions (1991) that stringent criteria for hospitalization, episodes of aggressive behaviour and chronically ill clients with few support systems - all may have influenced student attitudes and "reinforced stereotypical views..."

DISCUSSION

In summary, although these results are not generalizable due to the small sample size, it would appear that the data support a number of the findings reported in the Slimmer et al study (1991), especially in the effects of clinical placement on attitudinal change. In essence, the smaller the institution the more personal the care is viewed and the more it effects student attitudes. Community-centered psychiatric nursing is probably the model to be adopted given impending changes within the health care system. If this is so, then changes in curriculum, especially in the psychiatric nursing course, are imperative.

CONCLUSIONS

This study was done to determine if psychiatric nurse role models effect diploma nursing students' attitudes and if there was a relationship between clinical placement and students' attitudes.

CONCLUSIONS

Although convenience sampling was used (thereby foregoing control over variability), nevertheless, the findings were informative. The scales used in the study were designed for students of baccalaureate programs and may not have been applicable to task-oriented diploma nursing students. The development of a scale for attitudes and clinical placement specific to diploma students would be appropriate. Other variables, not included in this study, that could be investigated might cover surveying faculty and clinical staff as role models for psychiatric nursing students. Emphasis could be placed on the attitudes of these two groups toward student learning in the psychiatric setting. It could also be determined which community-based psychiatric facilities offer the richest environment for attitudinal change in nursing students.

CONCLUSIONS

If we are to change students' attitudes (in a more positive direction) towards psychiatric nurse role models and clinical placement than we must be prepared for extensive curriculum revision. Theory content will have to concentrate more on nursing as a prophylactic approach in addition to one of intervention. A search for theory models that emphasize community mental health may contribute to changing student nurses' attitudes in a positive direction and, as an adjunct, encourage more graduate nurses to select psychiatric nursing as a career choice. In the future, as Robinson (1989) notes the challenge to educators will be to ensure that the:

> "• curriculum ... is made relevant and interesting;
>
> • role models are provided who make their effectiveness visible to students;
>
> • teachers are provided who inspire and encourage their students to choose psychiatric/mental health nursing as their specialty ..."

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